

MFP HOUSING FORM

Transitionee's Name: _____

Transitionee's Medicaid ID or SS#: _____

Agency Staff Contact Name: _____

Qualified MFP housing is:

- a home owned or leased by the individual or a family member, OR
- an apartment with a lease and lockable access and egress which includes living, sleeping, bathing and cooking areas over which the individual or a family member has domain and control, OR
- a community-based residential setting in which no more than 4 unrelated individuals, not including caretakers, reside.

Since it is difficult to determine whether community-based residential settings meet MFP criteria, this form has been developed to aid in making a determination. For individuals you think may qualify for MFP funding (who have been in a nursing facility for at least 90 days, not counting Medicare rehab days; and are Medicaid eligible or pending on the date of transition), **complete the following form if they are moving into a community-based residential setting** with no more than 4 unrelated individuals such as licensed or unlicensed assisted living, HFA, or AFC. After completion, sign the form and keep the original in the individual's file. Send a copy of the form (with or without the signature) with your Transition Out of Nursing Facility Form notice to the department.

A housing unit must meet ALL of the following conditions to be qualified as MFP housing.

Put a check mark before each criteria met:

- _____ 1) The unit the individual is moving into has living, sleeping, bathing and cooking areas and lockable access and egress.
- _____ 2) The unit has a written lease that names the individual or a family member as having the right to use and occupy the property.
- _____ 3) The lease:
 - _____ a) is for a specified period of time that may be for life or terminable at any time.
 - _____ b) details services and residence provided (healthcare services and supports may be provided or offered in exchange for rent or a fee).
 - _____ c) indicates that when the tenant chooses to pay room and board for a unit, they also choose the residential provider as their provider for services that are included in the Medicaid rate.
 - _____ d) has rights of termination and a formal appeal process for resident termination.
 - _____ e) provides that tenancy rights can be terminated only for violations including non-payment of rent, posing a threat to others, and property damage.

- _____ f) states that the residential setting will meet all Federal and State Fair Housing Laws.
- _____ 4) The resident must be able to leave the residential setting at will. (A plan of care can be implemented for those with cognitive impairments but must maximize the individual's independence as possible. Limitations must be in the plan of care, related to risks to the person's health and welfare and agreed to by the individual or caregiver in writing.)
- _____ 5) The residential setting does NOT require notification of absences as part of the contract, but notification can be part of the operating practices if reasonable, noted in the plan of care and based on the individual's assessment, risk and need to assure health and welfare, and ensure that Medicaid is not billed for days when service is not delivered; absences cannot result in termination if they are for less than 30 days.
- _____ 6) The residential setting does NOT require that services in addition to those included in the rate be provided from a specific company.
- _____ 7) There is a formal process for resolving care plan differences between the residential provider and the tenant. (Regulations providing for managed or negotiated risk meet this requirement.)
- _____ 8) Aging in place is a common practice. A person may not be terminated due to declining health or increased needs. If needs increase, additional services may be brought in or provided on-site.
- _____ 9) The residential setting does NOT allow the resident provider to reserve the right to assign apartments or change apartment assignments beyond the normal provisions of landlord tenant law. (Changes based on plan of care can be made.)
- _____ 10) The unit does not house more than 4 unrelated individuals, not including caretakers.
- _____ 11) The unit is not part of a larger congregate care setting (campus) that is separated from typical community dwellings.

The Supports Coordinator believes the unit meets the criteria checked above:

Signature of Supports Coordinator

Date